



INTEGRATED DISABILITY EVALUATION SYSTEM (IDES) PILOT

Overview

**VA/DoD Joint Venture Conference
October 2010**

**VHA/DoD Coordination Office
Office of Legislative, Regulatory, & Intergovernmental
Affairs**





IDES Pilot: Simply Stated

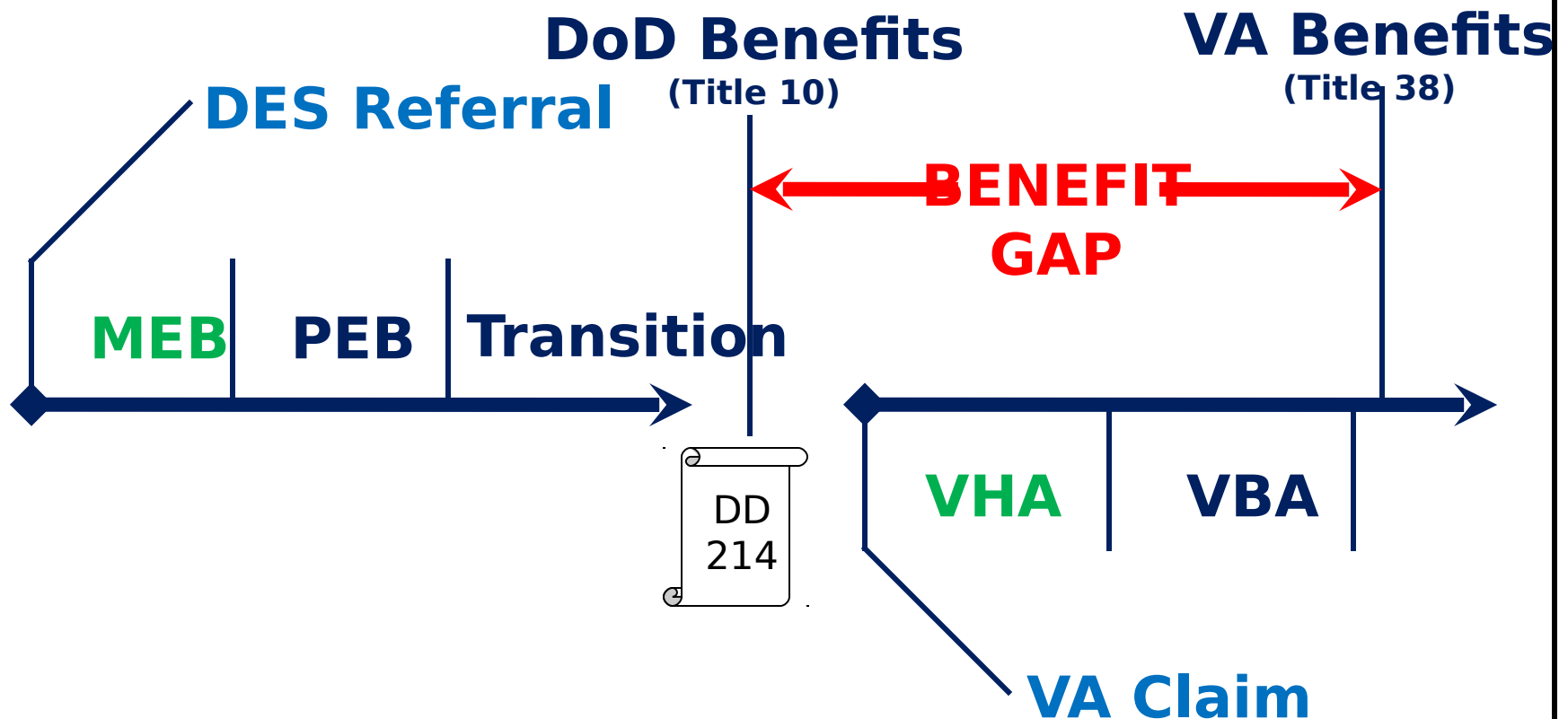
- **VISION:** A seamless and transparent DES for all Servicemembers, administered jointly by DoD and VA
- **GOALS**
 - Less complex and non-adversarial
 - Faster, more consistent evaluations & compensation
 - Single medical exam & single-source disability rating
 - Smooth transition to Veteran status
 - A continuum of care: advocacy & expectation management





IDES Strategic Overview

The Legacy Process





IDES History

Problem: The Disability Evaluation Systems of VA and DoD are complex, confusing, and duplicative

Solution: November 2007: Establish “one-year” pilot in the National Capital Region

- Single physical exam based on both the MEB needs and SM claims
- Military Service determines Fit/Unfit for Line of Duty
- VA determines Disability Rating
- Initially in NCR (Walter Reed, Bethesda, Malcolm Grow AF Hospital)
- Includes all Servicemembers referred for Medical Evaluation Board (MEB) on or after November 26, 2007





IDES Strategic Overview

The *Pilot* Process

Both DoD and VA Benefits

(Title 10 & 38)

DES Referral

MEB

PEB

Transition

DD
214

VHA

VBA

VA Claim

**NO
BENEFIT
GAP!!!**



IDES Facts

In 2009, more than 19,215 disability exams were provided for Servicemembers.

Top three most common conditions (broad categories):

1. Musculoskeletal - 61%
2. Mental - 22%
3. Neuropsychological - 17%

Service Connection Rating:

- For VBA, percentages are combined, not added, since total must be $\leq 100\%$.
- Example: An 80% rating for one condition combined with a 60% rating for another equals 90%, not 140%.
- DoD and VA will typically grant a different combined total rating percentage.
- VA rates all Service Connected conditions (Title 38).
- DoD rates only Unfitting conditions (Title 10).
- Unfitting conditions are a subset of all Service Connected conditions





IDES Pilot Statistics

- 14,207 Service Members (SMs) enrolled in Pilot since November 2007
- 10,445 SMs currently in program
 - Army: 6,436
 - USAF: 545
 - Navy: 1,209
 - USMC: 2,255
- 1842 SMs have completed all stages of process and received VA benefits letter (as applicable)
- 906 SMs have been found fit and returned to duty
- 537 removed from Pilot due to other reasons (*dropped from rolls, transferred out area, admin action, etc.*)

* as of 9/27/2010





Average Case Statistics

- **Pilot Goal:** Time from MEB referral to delivery of VA benefits letter – 295 calendar days compared to 540 days in Legacy System
- Current average days to process in Pilot:
 - 299 days for Active Duty
 - 302 days for RC/NG
- Average number of conditions referred (MEB) and claimed by SM:
 - Army 9
 - Air Force 9
 - Navy 11
 - USMC 11





Pilot Phase I Expansion Sites

DES expansion began October 1, 2008 to include these sites:

Ft. Meade & Ft Belvoir

Ft Stewart

**NMC Bremerton
Center**

Vance AFB

Nellis AFB

Camp Lejeune

Elmendorf AFB

**Ft Carson
Wainwright**

San Diego NMC

Camp Pendleton

Brooke Army Medical

Ft Polk

MacDill AFB

Ft Drum

Travis AFB

Ft Richardson/Ft





Pilot Phase II Sites:

**Phase II Expansion took place
January- March 2010 at these sites:**

Fort Bragg

Fort Benning

Fort Riley

Ft. Lewis (Madigan AMC)

Fort Hood, TX

Portsmouth Naval Hospital





VHA Role in DES

- **Establishes VHA relationship with future Veterans as well as Military leaders who may not understand VA and its Administrations.**
- **The purpose of the pilot expansion was to test approaches in different locations. Each site is looked at individually with the resources assessed at the local VBA Regional Office and the local VAMC and VISN level. Resources needed are impacted by a number of variables:**
 - Number and types of exams needed, both as estimated by Services and VBA based on historic data; also by actual data once each site is activated.
 - Other factors include HR issues (recruitment/retention), training, space, location, travel, weather, medical record information, and availability of recent diagnostic testing results, etc.





VHA Role in DES

- **Exams:**
 - VHA goal: provide majority of general medical exams
 - VHA and VBA developed templates for all C&P exams and certification process for all providers conducting exams
 - Work collaboratively with the Services for specialty exams
- **Exam results are provided as “medical evidence” for VBA rating board and DoD Physicians use to develop Narrative Summary (NarSum) for the MEB/PEB process to determine Fitness for Duty**
- **VBA MSC (Military Service Coordinator): Assures that Servicemembers are “registered” with VHA during pilot and “enrolled” upon separation, as they desire (based on where they will call “home”)**





What Departments have accomplished thus far...

1. One Comprehensive Physical Examination

- Meets VA's criteria for disability examinations
- Meets Services' need for determination of fitness
- Occurs early in the process; forms the basis of the NARSUM/MEB and VA's rating if Service member is found unfit for continued service

2. One Rating Organization Determines Disability Rating

- Serves as the basis for ratings to determine nature of separation and amount of disability compensation
- All service-connected (SC) conditions combine for VA rating (compensation)
- Unfitting conditions combine for DoD rating (nature of separation)

3. Expeditious payment of benefits on the first day allowed by law after separation.





Potential IDES Challenges

- Thinking Old process while in the New
- Need accurate forecast of case volume
- Who/Where will exams be conducted
- Transportation of Servicemembers to VA Exam
- Timely completion of NARSUM following VA exams
- Expansion of PEBLO/Case Manager, MSC, and exam schedulers duties
- Need for “Diagnostic Alignment” between referred conditions and VA exam diagnoses





Potential IDES Challenges

- Align diagnostic testing, currency of evidence
- Fast tracking cases (Catastrophic cases & Headquarters directed)
- Time required for provider credentialing and privileging
- IT connectivity, CAC cards, Base access for VA staff
- Acquiring complete record copies of STRs
- Billing procedures for cost-sharing MoU





Keys to Success (page 1...)

- **Strong and Involved Leadership to create an Environment for Success**
 - Knowledge and emphasis on process adherence
 - Roles, Responsibilities, and Accountability
- **Communication between all internal stakeholders:**
 - PEBLOs and MSCs
 - VA examiners and MTF MEB physicians
 - PEBs and DRAS
- **No one entity ensures success or causes failure**
 - The DES Team = Physicians, Patient Admin, Parent Commands and VHA and VBA
- **Communication with Stakeholder Communities**
 - Local Commands, Patients, Families, VSOs, MTF Staff and VA Staff
 - PSAs, Articles, Posters, Town Hall meetings, etc....
- **Monitor the process and plug the leaks! - communicate issues and challenges to next level of Leadership, and if needed higher, before problems raise to political or media levels**





Keys to Success (page 2...)

- **PEBLOs & VA MSCs knowledge and collaboration a must!**
- **Examiner Education (initial and recurring) a must!**
- **Three S's**
 - Staffing numbers adequate to process cases
 - Space allocation is adequate
 - Staff is co-located (PAD, PEBLOs, & MSCs) whenever possible
- **Parent Command awareness and support**
- **Patient availability**
 - NMA/Commander's Letters and LODDs
 - Patient and Family support
- **Ensure Servicemember participates in exit interview with VA MSC before leaving installation**
- **IT issues - CAC access; equipment/security/connectivity; AHLTA/CHCS/VISTA access for both Departments**





The Way Ahead - Expansion

- On-going Review Process and Expansion Planning since fall of 2009: all Military Services represented; VBA, VHA and OPP actively engaged
- Planning Matrix revised to assess potential expansion sites
 - Military Installations and Treatment Facilities complete DoD section of matrix
 - VBA & VHA complete VA sections of matrix
- Certification will be required by VA and DoD by designated officials to assure readiness is met.
- DES After Action Report (AAR) for Phase I used to help new sites learn from experienced sites





Current Expansion: Phase III, Stage 1

Phase III, Stage 1 sites which are being planned now include:

**Tripler AMC Los Angeles AFB Vandenberg AF
Edwards AFB Patrick AFB Langley AF
Hickam AFB Eielson AFB Pope AFB
Maxwell AFB McChord AFB Robins AFB
Fairchild AFB Beaufort MCAS Lemoore NAS
Cherry Point MCAS Jacksonville NAS Quantico MCB
Pearl Harbor NavSta Mountain Home AFB Oak
Harbor NH
29 Palms MCAGCC Seymour Johnson AFB**

